

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

12/17/03

SERIAL NO.

APPLICANT(S)

10/738,404

FILED DATE

12.17.03

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	X	X				
2	X					
3						
4						
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32	X	X				
33	X	X				
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39						
40	X	X				
41						
42						
43	1					
44						
45						
46			1			
47						
48						
49						
50						
TOTAL IND.	2	1	2	1		
TOTAL DEP.	21	21	21	21		
TOTAL CLAIMS	23	23	23	23		

CLAIMS	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						